

Janitorial Services RFP NO. 18-02

Prepared for:

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**Innovation Park**

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Original

Submitted By:

**Extreme Kleen, Inc.**

2010 E. Delview Rd.

Tallahassee, Florida 32303

David Kraemer

President

850-528-6632

ExtremeKleen@comcast.net



June 28, 2018

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Extreme Kleen, Inc.  
2010 E.Dellview Rd.  
Tallahassee, Florida 32303



June 28, 2018

Innovation Park

Dear ,

Subject: Janitorial Scope of Service - Innovation Park

Thank you for allowing Extreme Kleen, Inc. to prepare a professional cleaning service proposal for your consideration. We know it takes considerable time and effort to show any potential contractor your facility, and to provide them with the necessary information. *So again, thanks!*

Here are a few important highlights:

**Before we start...** All of our cleaners are thoroughly trained on how to perform each cleaning task, as well as on important safety issues. Our goal is to clean each customer's facility professionally and safely.

**During the start...** We know a seamless, no-hassle start-up is important to every customer. So at Extreme Kleen, Inc., we combine up-front preparation and training with strong management and direction to ensure a smooth, successful startup.

**After the start...** A systematic approach to keep your building looking good! At Extreme Kleen, Inc., we offer strong management and quality control to plan for, and not lose track of, the many necessary cleaning details.

We look forward to the opportunity of becoming a trusted and valued partner in improving and maintaining the appearance of your building. Please call if you have any questions, or need additional information as you review our proposal.

Sincerely,

David Kraemer  
President  
Extreme Kleen, Inc.

## Qualifications

### David Kraemer Owner and C.E.O

Started Extreme Kleen with two employee in 2003. The mission of his business is to help other businesses present an (Extreme Kleen) First impression. Extreme Kleen has grown into a successful business over the past sixteen years and currently employs a hard working team of 26 professional cleaners. Among them are supervisor's especially trained in safety regulations, chemical use procedures, communication skills, and the caring and use of all equipment.

## Experience

Being the C.E.O. of Extreme Kleen all personnel hired by Extreme Kleen are in-serviced with a top to bottom method of cleaning which includes environmental safety steps. Personnel protection and equipment procedures. Upon completion of in-services inspections are done by a supervisor to insure said companies are maintained properly.

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**References**

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**City of Tallahassee Police Dept.**

2340 E. 7th Ave  
Tallahassee, FL. 32303

Jimmy Dickens

891-42174

**WTWC TV-40**

8440 Deerlake South  
Tallahassee, FL. 32312

Steve Sheridian

850-893-4140

**Dept of Economi Opportunity (northwood cntre )**

1940 N. Monroe St  
Tallahassee, FL. 32303

Zach Bell

850-264-4624

**Division of Adminastrative Hearings**

1230 Apalachee PKWY  
florida 32301

Debbie Webber

850-224-2300

**Maclay School**

3737 N. Meridian Rd.  
32312

Scott Eagen

850-933-7164

**PROPOSAL FORM**

Janitorial Services  
At Innovation Park

Place: Leon County R&D Authority  
1736 W. Paul Dirac Drive  
Tallahassee, FL 32310  
Due Date: July 2, 2018 at 1:00 PM

Proposal of Extreme Klean Inc. hereinafter-called  
PROPOSER, a corporation organized and existing under the laws of the State of  
Florida, or, a partnership, a company, or an individual doing business as Extreme  
Klean Inc.

To the Leon County Research and Development Authority, hereinafter referred to as  
"Authority".

The PROPOSER, in compliance with the request for proposals for Janitorial Services,  
having examined the specifications with related documents and the sites of the proposed work,  
and being familiar with all of the conditions of the proposed work, including the availability of  
materials and labor, hereby proposes to furnish all labor, material and supplies and at the prices  
shown in the attached Price Schedule. These prices are to cover all expenses incurred in  
performing the work required under the proposal documents, of which this proposal is a part.  
These prices are firm and shall not be subject to adjustment provided this Proposal is accepted  
within ninety (90) days after the time set for receipt of proposals.

PROPOSER hereby agrees to commence work under this contract on or before a date to  
be specified in a written "Notice to Proceed" to be issued by the Authority.

PROPOSER agrees to perform all work for which he contracts as described in the  
specifications for the unit prices shown on the attached Price Schedule.

Upon receipt of the Notice of Award, PROPOSER will execute the formal contract  
attached within seven (7) days and deliver Insurance Certificates and Bonds as required.

The undersigned hereby declares that only the persons or firms interested in the proposal  
as principal or principals are named herein, and that no other persons or firms than are herein  
mentioned have any interest in this Proposal or in the contract to be entered into; that this  
proposal is made without connection with any other person, company, or parties likewise  
submitting a proposal; and that it is in all respects for and in good faith, without collusion or  
fraud.

DEVIATIONS FROM SPECIFICATIONS IF ANY:

RFP Number 18-02: Janitorial Services  
Leon County Research and Development Authority  
Submission Deadline: July 2, 2018 @ 1:00 p.m.

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I have read all of the specifications and requirements and do hereby certify that all items submitted meet specifications.

COMPANY: Extreme Klean AGENT NAME: DAVID KRAEMER

ADDRESS: 2010 E. Dellview Dr

CITY: Tallahassee STATE: Florida ZIP CODE: 32303

TELEPHONE: 850-528-6632 TELEFAX: \_\_\_\_\_

FEDERAL ID#: 27-1061125 AND/OR SOCIAL SECURITY #: \_\_\_\_\_

Respectfully submitted,

Attest:

By: 

Print Name DAVID KRAEMER

Date 6/28/18

By: \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_



**ATTACHMENT 2**

**PRICE SCHEDULE**

The PROPOSER, in compliance with the request for proposals for the **JANITORIAL SERVICES**, having examined the scope of work and written specifications, hereby proposes to furnish **JANITORIAL SERVICES** for the following unit prices.

**COST OF BASIC SERVICES**

	PROPERTY NAME	PROPERTY ADDRESS	PRICE PER SQUARE FEET/MONTH	CLEAN-ABLE SQUARE FEET (AS OF 6/30/15)	TOTAL COST PER MONTH	TOTAL COST PER YEAR
1	Morgan	2035 E Paul Dirac Dr	\$ .10	22,707	\$ 2,270.70	\$ 32,938.60
2	Johnson	2035 E Paul Dirac Dr	\$ .10	27,294	\$ 2,729.40	\$ 32,752.80
3	Collins	2051 E Paul Dirac Dr	\$ .10	4,269	\$ 426.90	\$ 5,122.80
4	Knight	1736 W Paul Dirac Dr	\$ .10	2,632	\$ 263.20	\$ 3,158.40
Total			\$	56,902	\$ 5,690.20	\$ 68,282.40

Proposed annual % increase for additional option years 2 & 3: 0 %

Carpet Cleaning and Resilient Floor Refinishing

Carpet cleaning and resilient floor refinishing shall be quoted at the time service is requested, and the Authority may elect to contract with another provider for these services.

The above unit prices listed in the Price Schedule shall include all labor, materials, removal, overhead, profit, insurance, and any other cost necessary to cover the finished work of the several kinds called for.

PROPOSER agrees that this proposal shall be good and may not be withdrawn for a period of ninety (90) days after the scheduled closing time for receiving proposals.

Respectfully submitted,

By: 

Signature

DAVID KRAEMER

Print Name

President

Print Title

**ATTACHMENT 3**

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT**

1. The Proposer hereby agrees to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.
2. The Proposer agrees to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

Signed: \_\_\_\_\_



Title: \_\_\_\_\_

President & CEO

Proposer: \_\_\_\_\_

Extreme Clean

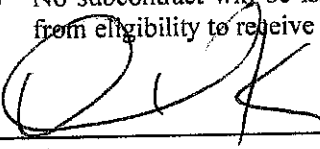
Address: \_\_\_\_\_

2010 E. Dellview Dr

**ATTACHMENT 4**

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION,  
AND OTHER RESPONSIBILITY MATTERS**

- 1) The Proposer certifies to the best of its knowledge and belief, that it and its principals:
  - a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - b) Have not within a three-year period preceding this been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of these offenses enumerated in paragraph (1)(b) of this certification; and
  - d) Have not within a three-year period preceding this application/Proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 2) Where the Proposer is unable to certify to any of the statements in this certification, such Respondent shall attach an explanation to this Proposal.
- 3) No subcontract will be issued for this project to any party which is debarred or suspended from eligibility to receive federally funded contracts.

  
\_\_\_\_\_  
Signature

President  
\_\_\_\_\_  
Title

Extreme Klean  
\_\_\_\_\_  
Proposer's name

2010 E Dellview DR  
\_\_\_\_\_  
Address

**ATTACHMENT 5**  
**AFFIDAVIT CERTIFICATION**  
**IMMIGRATION LAWS**

The Authority will not intentionally award Authority contracts to any Proposer who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324 A(e) (Section 274a(e) of the Immigration and Nationality Act).

The Authority may consider the employment by any Proposer of Unauthorized Aliens a violation of Section 274A(e) of the INA. **Such violation by the Proposer of the employment provision contained in Section 274A(e) of the INA shall be ground for unilateral cancellation of the contract by the Authority.**

RESPONDENT ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: Extreme Kleen

Signature:  Title: President

STATE OF Florida  
COUNTY OF LEON

Sworn to and subscribed before me this 29 day of June, 2018

Personally known David Kraemer

Darin Keith Meyer  
NOTARY PUBLIC

OR Produced identification \_\_\_\_\_

Notary Public, State of  
Darin Keith Meyer  
COMMISSION # FF181169  
EXPIRES: March 15, 2019  
My commission expires  
WWW.AARONNOTARY.COM

\_\_\_\_\_  
(Type of identification)

Printed, typed, or stamped  
commissioned name of notary public

The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made.

**THE AUTHORITY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

**ATTACHMENT 6**  
**INSURANCE CERTIFICATION FORM**

To indicate that Proposer understands and is able to comply with the required insurance, as stated in the RFP document, the Proposer shall submit this insurance sign-off form, signed by the company Risk Manager or authorized manager with risk authority.

1. Is/are the insurer(s) to be used for all required insurance (except Workers' Compensation) listed by Best with a rating of no less than A:VII?

DL YES \_\_\_\_\_ NO

Commercial General  
Liability:

Indicate Best Rating:  
Indicate Best Financial Classification:

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Automobile Liability: Indicate Best Rating:

Indicate Best Financial Classification:

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2. Is the insurer to be used for Workers' Compensation insurance listed by Best with a rating of no less than A:VII?

DL YES \_\_\_\_\_ NO

Indicate Best Rating:

Indicate Best Financial Classification:

If answer is NO, provide name and address of insurer:

3. Is the Proposer able to obtain the required types and limits of coverage for this RFP, as identified within the solicitation package? Be sure to carefully review and ascertain that the Proposer either has coverage or will place coverage at these or higher levels.

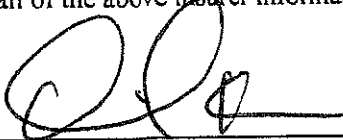
DL YES \_\_\_\_\_ NO

Please mark the appropriate box:

Coverage is in place DL Coverage will be placed, without exception \_\_\_\_\_

RFP Number 18-02: Janitorial Services  
Leon County Research and Development Authority  
Submission Deadline: July 2, 2018 @ 1:00 p.m.

The undersigned declares under penalty of perjury that all of the above insurer information is true and correct.

Name DAVID KRAEMER Signature   
Typed or Printed

Date 6/28/18 Title President/COO  
(Company Risk Manager or  
Manager with Risk Authority)

**ATTACHMENT 7**  
**Drug Free Work Place Form**

Drug-Free Work Place: Yes DL N/A \_\_\_\_\_

If Yes please complete the form.

The undersigned proposer hereby certifies that Extreme Klean  
(Name of Business) does:

Publish statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).

In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or novo contender to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

Impose a sanction on, or required the satisfactory participation in a drug abuse assistance or rehabilitation program is such is available in the employee's community, by any employee who is so convicted.

Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

  
\_\_\_\_\_  
Proposer's Signature

6/28/18  
\_\_\_\_\_  
Date

*This form **must** be completed, signed and returned with your response to fulfill the requirements of this RFP*

**ATTACHMENT 8**  
**LOCAL VENDOR CERTIFICATION**

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a Local Business. For purposes of this section, "local business" shall mean a business which:

- a) Has had a fixed office located in and having a street address within Leon, Gadsden, Wakulla, or Jefferson County for at least six (6) months immediately prior to the issuance of the request for competitive bids or request for proposals by the Leon County R&D Authority; and
- b) Holds any business license required by Leon County (or one of the other local counties), and, if applicable, the City of Tallahassee; and
- c) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.

Please complete the following in support of the self-certification and submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name: <u>Extreme Klean</u>	
Current Local Address: <u>2010 E Dellview Dr</u>	Phone: Fax:
If the above address has been for less than six months, please provide the prior address.	
Length of time at this address:	
Home Office Address: <u>2010 E Dellview Dr</u>	Phone: Fax:

DK

6/28/18

Signature of Authorized Representative

Date

STATE OF FL  
COUNTY OF Leon

The foregoing instrument was acknowledged before me this 28 day of June, 2018.

By David Kraemer, of Extreme Klean,  
(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)

a FL corporation, on behalf of the corporation. He/she is personally known to me  
(State or place of incorporation)

or has produced \_\_\_\_\_ as identification.  
(type of identification)

Darin Keith Meyer

Signature of Notary

Darin Keith Meyer



Notary Public

EXPIRES: March 15, 2019

WWW.AARONNOTARY.COM

Title or Rank

Return Completed form with supporting documents to:

Leon County R&D Authority, Ron Miller  
1736 W. Paul Dirac Drive  
Tallahassee, Florida 32310

Serial Number, If Any





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/29/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brad Burns Insurance 2069 North Monroe Street  Tallahassee FL 32303		<b>CONTACT NAME:</b> Keith Meyer <b>PHONE (A/C, No, Ext):</b> (850) 385-6500 <b>E-MAIL ADDRESS:</b> Brad@BradBurnsIns.com <b>FAX (A/C, No):</b> (850) 385-0810																						
<b>INSURED</b>  Extreme Kleen Inc. 2010 E Dellview Dr  Tallahassee FL 32303		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Safeco National Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Technology Insurance Co</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Safeco National Insurance Co		INSURER B:	Technology Insurance Co		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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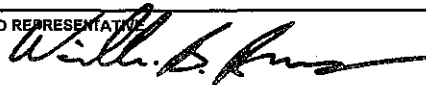
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		01-CI-45000060	02/21/2018	02/21/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		01-CI-45000060	02/21/2018	02/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	TWC3668445	11/09/2017	11/09/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

For Informational Purposes	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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